



Michigan Section
Office of the Immediate Past Chair
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June 6, 2006

Re: H.B. 5311

Honorable Representative Gaffney and Honorable Committee Members,

I am here to represent the Michigan Section of the American College of Obstetricians and Gynecologists, the board certified women's health care physicians of Michigan. We would like to go on record against House Bill 5311 and ask that you vote against its advancement in the legislative process.

H.B. 5311 is intended to prevent dispensation of emergency contraception except when used as a prescription medication. Currently all contraceptive medications are available by prescription only on a national level.

This legislation seeks to pre-empt the possibility of Federal Food and Drug Administration approval of oral emergency contraception for non-prescription or over-the-counter use. There is no current applicability for the legislation. However, an F.D.A. panel recently unanimously recommended that emergency contraception be made available nationwide on a non-prescription bases, finding that the safety profile of these medications was excellent enough to warrant this recommendation. Pressure from the White House directly has prevented this recommendation from being implemented.

This particular bill, H.B. 5311, would set the dangerous precedent of second-guessing the judgment of the Food and Drug Administration for a clear political motivation and not for a medical reason. This would open up every single drug and class of drug to the same level of scrutiny. Should Michigan thus set up a parallel pseudo-F.D.A. on a state basis so that the will of certain groups can be politically mandated? This is ludicrous and would be costly in an era of budget cutbacks and high unemployment.

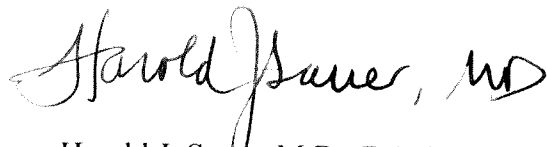
Access to medical care and to medications when needed on an urgent basis should be the focus of our concern. When a woman has been raped, she will not always be in the frame of mind to seek emergency room services. Knowing that there is a safe, effective and accessible way to obtain nonprescription medications to prevent an unwanted pregnancy

will at least help this woman make a calm decision instead of forcing her to consider keeping or terminating such an unwanted pregnancy at a later date. Having the emergency contraception medication available without a prescription makes access easier because many pharmacies have hours of operation that are longer than the hours a pharmacist is available on site, and it avoids the potential wait to see a physician. Also, because non-prescription medications are usually less expensive than similar or equivalent prescription medications, more women would be able to afford over-the-counter emergency contraception than if these contraceptives remained available by prescription only.

We ask you to put the needs of the women of Michigan first. Those who have any objections to over-the-counter emergency contraception will not buy it. Make this a ready option for Michigan's women when the F.D.A. approves non-prescription use for emergency contraceptives.

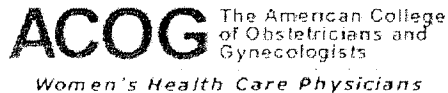
Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, reading "Harold J. Sauer, M.D." with a stylized flourish at the end.

Harold J. Sauer, M.D., F.A.C.O.G.
Immediate Past Chair
Michigan Section
The American College of Obstetricians and Gynecologists

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Acute Care of Sexual Assault Victims

The following website has information on the acute care of sexual assault victims:

The Sexual Assault Resource Service (SARS) Web site, funded by the Department of Justice, Office for Victims of Crime, provides individuals and institutions interested in starting or improving SANE or SART programs with additional information and technical assistance to do so. Please visit www.sane-sart.com

NOTE:

Emergency contraception should be offered to all victims of sexual assault if they are at risk of pregnancy. Providers should be aware that, there are now two dedicated emergency contraception products: Plan B and Preven. Both require two doses. The first dose should be administered as soon as possible (but within 72 hours) following unprotected intercourse. The second dose is taken 12 hours after the first dose. ACOG recommends that anti-nausea medications be prescribed with Preven. Other oral contraceptives also may be used as emergency contraception. Dosage varies and in most cases, ACOG recommends anti-nausea medication. ACOG has up-to-date materials that provide comprehensive information about the administration of Emergency Contraception.

Because codes of criminal procedures, penal codes, and family codes pertaining to sexual assault or abuse vary throughout the country, ACOG strongly suggests that you gather information regarding your state and local laws. You can obtain this information by contacting your local rape crisis center, local police or sheriff's department, local district attorney's office, or state attorney general's office.



¿Es Usted Maltratado?

Help! ¡Ayuda!

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Stay Alert!

Fact Sheet

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Contact:

Jan Chapin,
Director
Div of Wom

Judy Brenn
Associate

violence@a


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9. Pregnancy Risk Evaluation and Care

Recommendations at a glance for health care providers to evaluate and treat pregnancy:

- Discuss the probability of pregnancy with female patients.
- Administer a pregnancy test for all patients with reproductive capability.
- Discuss treatment options with patients, including reproductive health services.

Patients of different ages, social, cultural, and religious/spiritual backgrounds may have varying feelings regarding acceptable treatment options. Examiners and other involved health care personnel must be careful not to influence patients' choices of treatment.

Discuss the probability of pregnancy with female patients. The risk of pregnancy from sexual assault is estimated to be 2 to 5 percent. However, pregnancy resulting from sexual assault often is a cause of great concern and significant additional trauma to the victim, so victims' fears should be taken seriously.²⁸²

Conduct a pregnancy test for all patients with reproductive capability (with their consent).²⁸³ An exception is if a patient clearly is pregnant. If a patient is pregnant, the pregnancy may affect what medications can be administered or prescribed in the course of or after the exam.

Discuss treatment options with patients.²⁸⁴ In cases of sexual assault, pregnancy is often an overwhelming and genuine fear. Therefore, discuss treatment options with patients, including reproductive health services.

²⁸² L. Ledray, *SANE Development and Operation Guide*, 1998, p. 75.

²⁸³ Preexisting pregnancy may raise patient privacy issues. If the case is prosecuted, the prosecutor should work to address concerns such as this one.

²⁸⁴ The National Sexual Violence Resource Center (877-739-3895 or 717-909-0710) offers more detailed information about sexual assault and pregnancy on their Web site at www.nsvrc.org.